

SURVIVOR BENEFIT PLAN ELECTION CHANGE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 73, Title 10, U.S. Code, and EO 9397.

PRINCIPAL PURPOSE(S): For use by uniformed services retirees to change their Survivor Benefit Plan election upon certain events occurring.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, the information is necessary to process the proper election in the SBP. Refusal to provide information may result in an incorrect election and/or delay of survivor benefits being paid in the event of the member's death.

INSTRUCTIONS

This form is used to change a Survivor Benefit Plan election. A retired member may change an election under certain circumstances when specific conditions are met. Section III of this form describes these conditions and instructs you what additional sections of the form to complete. Complete this form and submit to the appropriate agency listed below with appropriate documentation, such as marriage certificates, birth certificates, divorce decree, etc., as required. Contact your Service Representative if you have questions or need assistance completing this form. For Army, Navy, Air Force and Marine Corps accounts, send the completed form to: Defense Finance and Accounting Service, US Military Retirement Pay, PO Box 7130, London, KY 40742-7130. For Public Health Service accounts, send the completed form to: U.S. Public Health Service/Commissioned Corps, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857-0001.

NOTE: Do **NOT** use this form to elect to terminate SBP coverage under the provisions of Title 10 U.S.C., Section 1448a. Use DD Form 2656-2, "SBP Termination Request".

Do **NOT** use this form to elect coverage for a former spouse. Use DD Form 2656-1, "Former Spouse Election Certificate".

SECTION I - MEMBER INFORMATION

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. DATE OF RETIREMENT (YYYYMMDD)	4. DATE OF BIRTH (YYYYMMDD)
5. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)			6. TELEPHONE NUMBER (Include area code)

SECTION II - CURRENT COVERAGE

7. MY CURRENT COVERAGE IS: (X one)

<input type="checkbox"/> NO COVERAGE	<input type="checkbox"/> SPOUSE ONLY	<input type="checkbox"/> CHILD ONLY	<input type="checkbox"/> SPOUSE AND CHILD
<input type="checkbox"/> INSURABLE INTEREST	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> FORMER SPOUSE AND CHILD	<input type="checkbox"/> SUSPENDED COVERAGE (See NOTE)

NOTE: Suspended coverage occurs when the member loses his/her spouse beneficiary to death or divorce; or his/her former spouse beneficiary remarries before age 55; or his/her children exceed the age for eligibility.

SECTION III - CONDITIONS THAT TRIGGER ELIGIBILITY TO CHANGE COVERAGE

8. I AM REQUESTING A CHANGE IN COVERAGE BASED ON: (X all that apply)

<input type="checkbox"/>	MARRIAGE. A member, who does not have a spouse at the time of initial eligibility, may provide SBP for the first spouse acquired after retirement by electing coverage before the first anniversary of that marriage. Coverage and cost begin on the first anniversary of the marriage (coverage begins immediately upon the birth of a child to the member and spouse beneficiary).
<input type="checkbox"/>	REMARRIAGE. A member whose spouse coverage is suspended due to death of the spouse or divorce, has three options upon remarriage (choose one option only by placing an X in the appropriate block): <input type="checkbox"/> (1) Resume existing level of coverage for my new spouse (X appropriate block in Section IV); <input type="checkbox"/> (2) Increase existing level of coverage - up to full retired pay (Complete Section IV); <input type="checkbox"/> (3) Not resume any SBP coverage for my new spouse (Complete Sections VII and VIII). NOTE: An election in Section V which increases my initial level of coverage will result in an amount owed that is equal to the difference between the amount of SBP costs that would have been incurred if the new level of coverage had originally been elected and the amount of SBP costs that I have incurred to date, plus interest. I understand that payment of the amount owed must be made prior to the first anniversary of the remarriage. I also understand that although this election must be submitted within the first year of marriage, my new spouse will not be an eligible SBP beneficiary until the first anniversary of our marriage (or upon the birth of our child born after the date of our marriage, if earlier). My failure to notify DFAS or the PHS payroll office, as appropriate, of my SBP decision will result in automatic coverage at the previous level and a debt for monthly premiums will accrue beginning upon the first anniversary of our marriage. In the event of my death, payment of the monthly premium debt must be completed before my spouse will receive payment
<input type="checkbox"/>	ACQUIRING A DEPENDENT CHILD. A member who does not have a dependent child at the time of initial eligibility for SBP may elect coverage for a dependent child within the one-year period after acquiring that dependent child.
<input type="checkbox"/>	DIVORCE. A member with spouse coverage who divorces, AND who does not elect former spouse coverage, may elect "Suspend Coverage" in Section IV. To elect former spouse coverage, submit DD Form 2656-1, "Former Spouse Election Certificate".
<input type="checkbox"/>	DEATH OF SPOUSE. A member with spouse coverage, who subsequently loses that spouse to death, must select "Suspend Coverage" in Section IV. Reminder: Death does not permanently terminate SBP spouse coverage. Coverage and costs are simply suspended pending future events.

NOTE: If either "Divorce" or "Death of Spouse" is selected, and the member had previously elected spouse and child coverage, the coverage would convert to "Child Only" coverage if the member has an eligible child. Exception: In the event of divorce and the member is required to provide former spouse coverage.

SECTION IV - REQUESTED CHANGE TO COVERAGE								
9. PLACE AN X IN THE APPROPRIATE BOX TO INDICATE YOUR ELECTION. NOTE: If you are changing to former spouse coverage, disregard this form. Instead, submit DD Form 2656-1, "Former Spouse Election Certificate".								
	RESUME EXISTING COVERAGE. (Complete Sections VII and VIII below.)							
	SPOUSE ONLY. (Complete Sections V through VIII below.)							
	SPOUSE AND CHILD(REN). (Complete Sections V through VIII below.)							
	CHILD(REN) ONLY. (Complete Sections V through VIII below.)							
	SUSPEND COVERAGE. (Complete Section VIII below.)							
SECTION V - LEVEL OF COVERAGE								
10. If this is an initial election (or if increasing the level of coverage following remarriage), select the monthly amount of retired pay you wish to have the survivor annuity based on. NOTE: You cannot decrease the level of existing coverage. Your covered spouse beneficiary will receive an annuity that will pay 55 percent of the level of coverage you select until their age 62. At age 62 the annuity amount will become 35 percent as required by law. The annuity paid to a child or children totals 55 percent (divided in equal shares). Children annuities are payable to children who are: under age 18; or under age 22 if full time, unmarried students; or any age if disabled and incapable of self-support before 18 (or 22, if while a full time student). An insurable interest annuity is 55 percent of the difference between retired pay and the premium for coverage. Insurable interest annuities remain at 55 percent regardless of age. Place an X in the appropriate box to indicate your election.								
	FULL RETIRED PAY.							
	REDUCED AMOUNT OF RETIRED PAY (Cannot be less than \$300.00) \$ _____							
SECTION VI - SUPPLEMENTAL SBP (SSBP) COVERAGE (Optional)								
11. Additional coverage is available to increase the annuity level for a spouse beneficiary after age 62. It can be purchased in increments, each increment adding 5 percent to the 35 percent annuity. There is a charge for this additional coverage. The maximum annuity paid is 55 percent. Place an X in the appropriate box to indicate your election.								
	I decline SSBP coverage for my spouse.							
	I elect SSBP coverage for my spouse. NOTE: The coverage must be based on full retired pay. (Place an X in one of the following:) <table style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/> 5%</td> <td><input type="checkbox"/> 10%</td> <td><input type="checkbox"/> 15%</td> <td><input type="checkbox"/> 20%</td> </tr> </table>				<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%
<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%					
SECTION VII - SPOUSE AND CHILD(REN) INFORMATION (If applicable)								
12. a. SPOUSE'S NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	13. DATE OF MARRIAGE (YYYYMMDD)				
14. DEPENDENT CHILDREN. Complete this section for your unmarried, dependent children who are under age 18; or under age 22 if full time students; or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student).								
a. CHILD'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)	e. DISABLED? (Yes/No)				
SECTION VIII - MEMBER SIGNATURE								
A NOTARY PUBLIC OR SBP COUNSELOR MUST WITNESS THE MEMBER'S SIGNATURE. The witness cannot be the member's spouse, or beneficiary.								
15. SIGNATURE OF MEMBER			16. DATE SIGNED (YYYYMMDD)					
17.a. PRINTED NAME OF WITNESS (Last, First, Middle Initial)			b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)				
d. MAILING ADDRESS OF WITNESS (Include ZIP Code)			e. (For Notary Use Only) MY COMMISSION EXPIRES: (YYYYMMDD)					